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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Α	Application or Docket Number 10/574,035			ing Date 02/2007	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)									SMALL ENTITY				HER THAN ALL ENTITY
	FOR		NUMBER FILED		.ED	NUMBER EXTRA		П	RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1 16(a), (b), or (c))			N/A				N/A		N/A			N/A	
SEARCH FEE (37 CFR 1 16(k), (i), or (m))			N/A			N/A			N/A			N/A	
EXAMINATION FEE (37 CFR 1, 16(o), (p), or (q))			N/A				N/A	П	N/A			N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =		us 20 = *			П	x \$ = 1		OR	x s =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 =		inus 3 = *			П	X \$ =		1	X \$ =	
	APPLICATION SIZE 37 CFR 1.16(s))	FEE	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								П]		
* If the difference in column 1 is less than zero, enter "0" in column 2.									TOTAL]	TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMAL	L ENTITY	OR		ER THAN ALL ENTITY
AMENDMENT	07/14/2011	CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NUMBER PREVIOU PAID FOR	JSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	* 18		Minus	20		= 0	П	x s =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	• 1		Minus	3		- 0	П	X \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))												
ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										OR		
								•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIM REMAINI AFTER AMENDM	ING R		HIGHE NUMBI PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())			Minus			=	П	X \$ =		OR	X 8 =	
M	Independent (37 CFR 1 16(h))			Minus	***		-	П	X \$ =		OR	X 8 =	
ᇳ	Application Size Fee (37 CFR 1.16(s))							П			l		
AN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										OR		
									TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
** If	* If the entry in column 1 is less than the entry in column 2, write *0' in column 3. "If the *lighted Number Previously Paid For IN THIS SPACE is less than 20, enter '20' "If the *lighted Number Previously Paid For IN THIS SPACE is less than 20, enter '20' "If the *lighted Number Previously Paid For IN THIS SPACE is less than 3, enter '3' The *lighted Number Previously Paid For IN THIS SPACE is less than 1, enter '3' The *lighted Number Previously Paid For IN THIS SPACE is less than 1, enter '3' The *lighted Number Previously Paid For IN THIS SPACE is less than 1, enter '3' The *lighted Number Previously Paid For IN THIS SPACE is less than 20, enter '3' The *lighted Number Previously Paid For IN THIS SPACE is less than 20, enter '3' The *lighted Number Previously Paid For IN THIS SPACE is less than 20, enter '3' The *lighted Number Previously Paid For IN THIS SPACE is less than 20, enter '3' The *lighted Number Previously Paid For IN THIS SPACE is less than 20, enter '3' The *lighted Number Previously Paid For IN THIS SPACE is less than 20, enter '3' The *lighted Number Previously Paid For IN THIS SPACE is less than 20, enter '3' The *lighted Number Previously Paid For IN THIS SPACE is less than 20, enter '3' The *lighted Number Previously Paid For IN THIS SPACE is less than 20, enter '3' The *lighted Number Previously Paid For IN THIS SPACE is less than 20, enter '3' The *lighted Number Previously Paid For IN THIS SPACE is less than 20, enter '3' The *lighted Number Previously Paid For IN THIS SPACE is less than 20, enter '3' The *lighted Number Previously Paid For IN THIS SPACE is less than 20, enter '3' The *lighted Number Previously Paid For IN THIS SPACE is less than 20, enter '3' The *lighted Number Previously Paid For IN THIS SPACE is less than 20, enter '3' The *lighted Number Previously Paid For IN THIS SPACE is less than 20, enter '3' The *lighted Number Previously Paid For IN THIS SPACE is less than 20, enter '3' The *lighted Number Previously Paid For IN THIS SPACE is less than 20, enter '3' The *												

into consciond information is required by 3 of Let 1. 16. The findmand is required to distant or retain a content by the place which is to be in a drop the proposes) an application Confidentially is governed by 38 U.S.C. 122 and 37 CHI. 14. This condition is estimated to late 2 initiates to one project, including gathering, preparing, and submitting the completed application form to the USPTO. Time will way depending upon the individual case. Any comments on the amount of time you require to complete this form and ors suggestions for reducing this burdon, should be sent to the Cell eliteration (10. Elit and and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, V.A. 2231-0. D. NOT ISSNO, D. NOT ISSNO, T. ESSNO CONTROLLED FOR STOTHIS TO THIS ADDRESS SEMO TO: Commissioner for Patients, P.O. SOX 1450, Alexandria, V.A. 2231-3.1450.